



MONTANA FISH, WILDLIFE & PARKS

2019 Commercial Use Fishing Access Site Permit Application Permits Valid 3/1/19 - 2/29/20

fwp.mt.gov

Please print

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|--|--------|--------|------|---------|------------|--|--|----------|------------------------------|--|---|--|--|--|--|--|--|
| Date of Birth <u> </u> / <u> </u> / <u> </u> ALS# <u> </u> <small>MM DD YYYY</small> | | | | | | Residents: Permit only available at FWP offices if you do not have an ALS #. | | | | | | Last 4 digits of your Social Security Number: <u> </u> <small>(Required only if you do not have an ALS number)</small> | | | | | |
| Name First MI Last | | | | Jr. Sr. | | Home Phone () - | | | | Work Phone () - | | | | | | | |
| Mailing Address <small>(Your application cannot be processed if you list only a PO Box Number)</small> | | | | | | | | | | Physical Address | | | | | | | |
| City | | | | | | State | | Zip Code | | Country <input type="checkbox"/> USA <input type="checkbox"/> Other <u> </u> | | | | | | | |
| <input type="checkbox"/> Female | Weight | Height | Hair | Eyes | Occupation | | | | <input type="checkbox"/> Yes | | FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requestors? | | | | | | |
| <input type="checkbox"/> Male | | | | | | | | | <input type="checkbox"/> No | | | | | | | | |
| <p>I certify the information given is correct. I agree to comply with FWP Commercial Use Rules and understand that a violation of these rules is grounds for revocation of the permit. If I am providing angling services, I certify that I am licensed by the Montana Board of Outfitters as an angling outfitter or guide.</p> | | | | | | | | | | | | <p>X _____ SIGNATURE OF APPLICANT - DO NOT PRINT Original Signature Required <i>(Faxed or photocopied signature not acceptable)</i></p> | | | | | |
| Type of Commercial User (include your license # or check non-licensed): | | | | | | | | | | | | | | | | | |
| Licensed Fishing Outfitter - License # _____ | | | | | | | | | | | | | | | | | |
| Licensed Fishing Guide - License # _____ | | | | | | | | | | | | | | | | | |
| Non-licensed Water-based Service Provider (e.g. whitewater rafting outfitter or guide) | | | | | | | | | | | | | | | | | |

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| FAS COMMERCIAL USE PERMIT FEE: \$100 | |
| <u> </u> Cashiers Check | <u> </u> Money Order <u> </u> Check |
| <small>(Nonresidents: Cashier's Check or Money Order Only)</small> | |
| Check or Money Order # | _____ |
| Amount \$ | _____ |
| <i>Please make payable to MT FWP</i> | |

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| <p>Return completed application to:</p> <p>Montana Fish, Wildlife & Parks ATTN: Helena Information Center 1420 East 6th Avenue PO Box 200701 Helena, MT 59620-0701</p> |
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FWP will mail your Commercial Use FAS Permit to the mailing address you provided.
Please allow up to 2 weeks for processing.
Questions?
Phone (406) 444-7409 or email dskaar@mt.gov